Directions: Applicants please give this reference form to someone who knows you well to complete (e.g. teacher, school counselor, coach, or spiritual leader; no relatives please).

Applicant’s name: ________________________________________________________________

School name: ____________________________________________ City: ___________________

This student is applying to attend Wyoming Healthcare Careers Summer Camp in July 2019. Please assess his/her suitability as a participant in this five-day experience. Our intent is to select a limited number of students who:

- Have demonstrated academic ability and initiative
- Have expressed interest in healthcare careers
- Are currently in the 10th – 11th grade.

Your recommendation is very important to our selection process. Thank you for considering this carefully. In comparison with other students you have known, please evaluate the applicant in the following areas:

<table>
<thead>
<tr>
<th></th>
<th>Highest</th>
<th>Lowest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Skills</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Motivation</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Verbal Skills and Expression</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Sincerity</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Maturity</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

Student’s strengths as you see them (for additional writing space use the back of this page):

Student’s weaknesses as you see them (“none apparent” is an acceptable answer):

Do you feel this student is at a maturity level that will allow him/her to listen respectfully to health professionals in a professional setting, and be considerate of their time commitments?

SUMMARY COMMENTS: Please use the back of this page to note your overall impression of the student and provide additional pertinent comments.

Evaluator’s Name: ___________________________ Work Phone Number: __________________

Email address: ____________________________

Occupation and/or relationship to student: ____________________________

Signature: ____________________________________________________________________

Please return this form directly to: Tori Johnson
University of Wyoming
1000 E. University Ave. Dept. 4238
Laramie, WY 82071

Deadline: May 1, 2019 (received) OR: tjohns99@uwyo.edu
OR Fax: (307) 766.2492